

<div style="display: flex; justify-content: space-between;"> AO 453 (Rev. 04/11) Administrative Office of the United States Courts FOR COURT USE ONLY </div> <div style="display: flex; justify-content: space-between;"> Case:17-03283-LTS Doc#:1790 Filed:11/15/17 Entered:11/15/17 13:30:29 Desc: Main Document Page 1 of 1 TRANSCRIPT ORDER DUE DATE: </div>					
Please Read Instructions:					
1. NAME Carlos R. Rivera-Ortiz		2. PHONE NUMBER (787) 777-8888		3. DATE 11/15/2017	
4. MAILING ADDRESS PO Box 364148		5. CITY San Juan		6. STATE Puerto Rico	
7. ZIP CODE 00936					
8. CASE NUMBER 17-03283	9. JUDGE Laura Taylor Swain	DATES OF PROCEEDINGS			
		10. FROM 11/15/2017	11. TO 11/15/2017		
12. CASE NAME In re: Financial Oversight and Management Board (Commonwealth)		LOCATION OF PROCEEDINGS			
		13. CITY New York	14. STATE NY		
15. ORDER FOR					
<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input checked="" type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)					
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT					
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING				Complete transcript 11/15/17	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
				0.00	
18. SIGNATURE /s/ Carlos R. Rivera-Ortiz			PROCESSED BY		
19. DATE 11/15/2017			PHONE NUMBER		
TRANSCRIPT TO BE PREPARED BY			COURT ADDRESS		
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED				LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	0.00